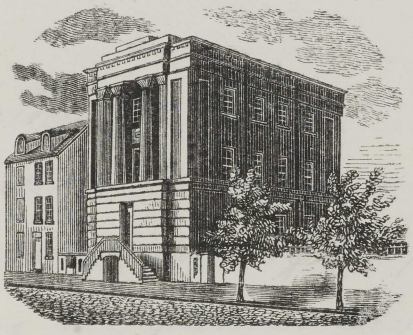
AN ESSAY ON

Asiatic Cholera

RESPECTFULLY SUBMITTED TO THE FACULTY OF THE



HOMŒOPATHIC MEDICAL COLLEGE

OF PENNSYLVANIA.

On the twenty-fourth day of January, Eighteen Hundred and Fifty-six.

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Asiatic Cholera

We understand by cholera a disease which is characterised by the following symptoms the patient discharges by the mouth and rectum either continuously or at short intervals with great force and violence and in profuse quantities a watery slimy fluid which is neither feculent Nor as a general rule bilious or sanguineous these discharges are accompanied with cramp pains in the abdomen and praecordia with or without colic properly so called, &c

retention of urine sudden vanishing of strength which increases to the most excessive prostration with painful spasms in the limbs and trunk and if the disease continues a certain length of time there is a rapid loss of animal heat &c

Cholera is distinguished from other diseases by the suddenness of its attacks In the majority of cases it commences very suddenly but this is not always the case we sometimes have precursory symptoms a short time before it breaks forth in all its fearful character &c some days previous to the outbreak of the disease the patient complains of a general malaise without considering himself sick he feels debilitated and exertions fatigue him extremely he has a strange expression of countenance

the patient looks anxious sad he thinks that there is something going to happen to him he is irritable gets out of humour is restless he moans in his sleep he has an aversion to food and sometimes to drink. He complains of a disagreeable sensation of pressure creeping and rumbling in the stomach and bowels without any severe pain. But is accompanied with frequent eructations and nausea the pulse at first is not much changed but when the disease becomes developed the pulse becomes more rapid and weaker the skin feels cool and dry portions however of the skin may be covered with a clammy cold sweat. The abdomen is usually bloated as if too full but scarcely ever painful to pressure sometimes the patient complains of pains in the

chest and appears to labour for
breath a beating sensation is felt
in the chest. and alternate chillness
and heat the urine is more scanty
then usual and is either pale and
clear as in spasms or else turbid and
cloudy the head is generally without
pain but somewhat dul and heavy.
and at times giddy he is frequently
interrupted in his sleep by starting
and jactitation of the limbs these
symptoms have their degrees of intensi-
ty &c. The first stage may last but a
few minutes or it may last a day or
two but this is very seldom the case
Symptoms of the second stage soon
make their appearance and they
vary like the symptoms of the first
stage both as regards duration and
intensity. in some cases the severe

symptoms set in at once increasing steadily until death takes place and closes the scene

But in other cases the symptoms increase more progressively and slowly and sometimes they will appear to remain stationary and the patient will appear to be better But this calm does not last long as a general rule and the bad symptoms again returns much more violent than formerly It has been observed by some practitioners that the degree of violence occurring in the second stage depends principally upon the locality where the epidemic prevails &c This might be of some use to us to direct us in our treatment of this fearful disease. The situation of our patient should claim our first attention and everything removed that

will in any way encourage the progress of the disease or anything that would have a depressing influence upon the patient &c. The symptoms of the second stage is sudden vomiting sometimes proceeded by short nausea but very seldom by real vomiturition the food which is in the stomach is thrown up with a sudden jerk whether it be solid or liquid. it is thrown up with great force After the first vomiting the patient usually feels somewhat relieved for a short time. And then the diarrhoea sets in this is usually. Papescent and partially liquid that is the three or four first stools being intermixed with faeces and half feculent undigested food slime and a watery fluid accompanied with rumbling in the bowels and sometimes

with real colic which is seldom very violent sometimes they have no colic at all H.P.&c

The vomiting soons makes its appearance again and now in company with diarrhoea and the substance which is evacuated both by the mouth and anus is becoming more & more fluid and quite watery and in many cases the evacuations are so frequent and copious that the patient becomes rapidly debilitated and become so especiely weakened that the patient is unable to help himself and has to be assisted too and from his bed every fifteen minutes or more often as the number of stools in twenty four hours may be thirty or fifty together with as many vomitings &c &c it is considered a bad symptom if the diarhoea stools

diminish in number while the strength of the patient and the pulse decrease in proportion After the third or fourth evacuations all succeeding evacuations are watery and of the consistence of an albuminous serum or a serus mucus or like rice water generally they are clear and sometimes whitish inodorous and tasteless with albuminous cheesy blackish flocks floating in the midst of the liquid &c As a general rule the abdomen caves in after the first diarrhoea The whole body in fact sinks and becomes emaciated after the evacuations have continued two or three hours &c The alteration in the patient is more visible in the countenance then in other parts The want of bile in the evacuations is a characteristic phenomena in the asiatic cholera Not until the disease

is on the decrease and improvement sets in do we perceive a tinge of bile in the alvine evacuations The evacuations become painless as they continue and finally take place without any sensation to the patient &c Restless and anxious the patient is all the time endeavouring to change his position even if he should faint in the effort Sometimes we have slight twitches in the muscles and a drawing and tension of the muscles of uper and lower limbs sometimes these twiches amount to violent spasms in the limbs which are extremely painful these spasms will first commence in the toes and fingers and hands afterwards in the calves of the legs &c sometimes the spasms are tetanic in which case they are extremely painful and render the limbs stiff

and hard as a board. The spasms are accompanied by an increasing but not suffocating oppression of the chest and tightness of breathing increasing anxiety vertigo and principally a sudden colapse, and excessive smallness of pulse which fregnently disappears entirely a long time before death, or they are scarcely perceptible the same statement applies to the beating of the heart the sudden collapse of pulse is one of the most remarkable and at the same time one of the most essential symptoms of this epidemic

Simultaneously with the spasms and sometimes a little before the whole surface of the body becomes cold first the lower limbs and then gradually the whole body. This coldness increases and he becomes as cold as a dead body it resists the most

persevering means of warming The face and lips become pale blue and cold The breath & tongue becomes cold & the tongue looks shriveled and bloodless but it appears sensible The skin is covered with a cold clammy sweat which is frequently very profuse The whole body becomes flacid and sunken and assumes a shriveled appearance especially the hands fingers and toes as if these parts had been soaked in warm water they have a livid bluish hue The face is excessively disfigured sunken pale with cold bluish tips of the nose and the eyes having retreated deep into their sockets and are half closed and dim often having a reddish and somewhat blue tinge They are turned upward and are surrounded with gray brown margins The peculiar alteration of the voice of the Cholera patient is likewise remarkable it is feeble fine somewhat hoarse hollow

or without resonance the patient does not like to talk or use his voice onely to complain of the severe burning pain in the pit of the stomach and sometimes to ask for water. This state of things may continue for two or three hours and sometimes much longer &. Then if the patient gets no relief the disease passes into the third stage which is onely an agravation of the symptoms of the second stage. Sometimes the vomiting diarrhoea and spasms abate shortly before death and the patient falls into a kind of stupor the heart ceases to beat the eyes become glassy and the patient dies without a struggle But if an improvement sets in the pulse becomes perceptible they become full and more equal the animal heat returns & the spasms cease the expression of the face becomes more natural and cheerful the anxiety is no longer

depicted in the countenance the look becomes
firmer and more animated there is a warm
exhalations from the skin the watery diarrhoea
diminishes the vomiting ceases the alvine
evacuations assume a billious somewhat
greenish tinge the urine is again secreted
and the natural functions of the system
are again normal. &c. &c.

Prognosis of asiatic cholera is favourable
under Homoeopathic treatment if the treatm-
-ent can be brought to bear before the disease has
been of to long standing But if the third
stage sets in before aid is procured the prog-
nosis is unfavourable in the majority of
of cases

Treatment &c

Therapeutics The remedies which
have been successfully used by Homoeopath
are the following. Camphor Veratrum alb
ars Carbo. veg Ipecac Cartar Em &c.
When the premonitory symptoms of the

Cholera exibit themselves its complete
development may be prevented by the
administration of Camph diluted one of
Camph. to fifteen or twenty of alcohol
one or two drop given every five or ten
minutes until the symptoms abate and
then lengthen the periods between giving the
remedy to two four or six hours The Medicine
to be given in cold water.
But when Cholera sets in in all its
frightful forms with violent vomiting and
severe diarrhoea excessive weakness cramps
in the calves of the legs pale countenance
sunken eyes pain in the region of the
navel shriveled appearance of the skin on
the palm of the hands use Veratrum 6th
given every fifteen minutes or ½ hour as
according to the severity of the attact
But should no improvement set in after
several doses & the cramps change to spasms

and convulsions with constriction of chest which obstructs respiration Cuprum 6th given same as Cerat and if this is productive of only partial melioration Cerat may be given in alternation with it H.P Ars is useful when the disease assumes a severe Type from the beginning with rapid prostration of strength insatiable thirst great anxiety and Burning in the region of the stomach almost constant discharge from the bowels or discharge as often as the desire for drink is gratified urine scanty followed by a burning sensation violent and painful vomiting Tongue and lips dry cracked and bluish or black small weak intermitten pulse trembling Spasms in fingers and toes clammy perspiration H.P (administered same as Cerat) But should the vomiting be the most prominent symptom Ipicac would be a good remedy H.P

Carbo. veg may be given with advantage when the patient is reduced to a state of almost complete asphixia and with scarcely perceptible pulse congestion to the head and chest coldness of breath redness or lividity of the face which is covered with a clammy cold sweat &c The indications for this remedy closely resemble Ars with the exepton of thirst and the agravation caused by drinking. this remedy is especially indicated for the Nervious fever that sometimes follows an attack of cholera &c

In conclusion. There is several other remedies that is of great importance in some stages of cholera &c Namely. Tartar E. I. Phos & Phos. ac, Rhus Tox canth Bryo - Bell - Hyos, Stam Op &c &c.

Accessory Treatment

The room where the patient is should be of a warm temperature the bed should

be heated by artificial means and heated
bricks applied to the feet if necessary
anything which might disturb the
patient should be carefully avoided
gentle friction over the extremities
and the application of a mustard
plaster over the region of the stomach
& duodenum might sometimes be
of benefit to the patient cold water
is the best drink but the patient should
not be allowed to drink too much at
once small quantities of ice water
might be given to the patient give in
teaspoonful doses often & the injection
of ice water is sometimes serviceable in
relieving the colic cramps in the intestines

H C